

DUE DATE – March 13, 2006

**Michigan Credit Card Activity Report
for the Calendar Year Ended December 31, 2005**

The data requested pertains to licensed activity in Michigan, unless otherwise noted. Please include recent (audited or unaudited) financial statements, including balance sheet and income and expense statement.

Full Name of Licensee	License No.
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CERTIFICATION

I hereby certify that I have read and knowingly made the following statements and representations and that each and every such statement and representation is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement, misrepresentation, or fraud in connection with this report may be cause for revocation, suspension, or other disciplinary action against the company's credit card license.

Date _____ Signature _____

Title _____

1. ~~Fiscal~~ year-end of the licensee: _____

2. List the name, title, phone number, facsimile phone number and mailing address of the person to whom correspondence regarding the license should be sent.

Name: _____

Title: _____

Business Ph Nbr: _____

Facsimile Ph Nbr: _____

Mailing Address: _____

3. Does the licensee have Internet access? ☐ Yes ☐ No

4. List the Web address and e-mail address for the licensee.

Web address _____

e-mail address _____

5. Has the licensee made any credit card loans since the license was issued? ☐ Yes ☐ No

6. Total receivables as of 12/31/05 \$_____

a. Consumer loan receivables as of 12/31/05 \$_____

b. Commercial loan receivables as of 12/31/05 \$_____

(Please attach a list of the Michigan businesses that have established credit card accounts with the licensee.)

7. State the number of consumer accounts _____

8. State the average balance of consumer accounts _____

9. State the number of commercial accounts _____

10. State the average balance of commercial accounts _____

11. State the interest rate charged on credit card loans (A.P.R.) _____

12. Is an annual fee charged? ☐ Yes ☐ No

13. What is the amount of annual fee? \$_____

14. List the states in which the licensee operates. (Also include the United States Territories and the District of Columbia, if applicable. Please attach additional pages for the listing as needed.)

State _____

**Bond and/or Securities or
Net Worth Required (if any)** _____

Michigan _____

\$_____

\$_____

\$_____

The original completed report should be mailed to:

**Consumer Finance Section
Office of Financial and Insurance Services
P.O. Box 30220
Lansing, Michigan 48909-7720**

For delivery requiring a street address, send to:

**Consumer Finance Section
Office of Financial and Insurance Services
611 West Ottawa Street Floor 3
Lansing, Michigan 48933**



Michigan Department of Labor & Economic Growth

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